



State of Utah
Department of Human Resource Management
REFERENCE RELEASE FORM

NAME: _____

SOCIAL SECURITY NUMBER: _____

I authorize the State of Utah to seek information from employers, supervisors and colleagues regarding my work habits, performance record, ability to form effective working relationships with co-workers, technical skills and any other job-related information which will enable the State of Utah to evaluate my suitability for employment.

In addition, I hereby consent to the release of any private or confidential information which may exist in my personnel file to the State of Utah.

BY INITIALING BELOW, I AUTHORIZE THE STATE OF UTAH TO OBTAIN INFORMATION FROM:

_____ ALL FORMER EMPLOYERS AND CURRENT EMPLOYER

_____ FORMER EMPLOYERS ONLY

SIGNED: _____

DATE: _____